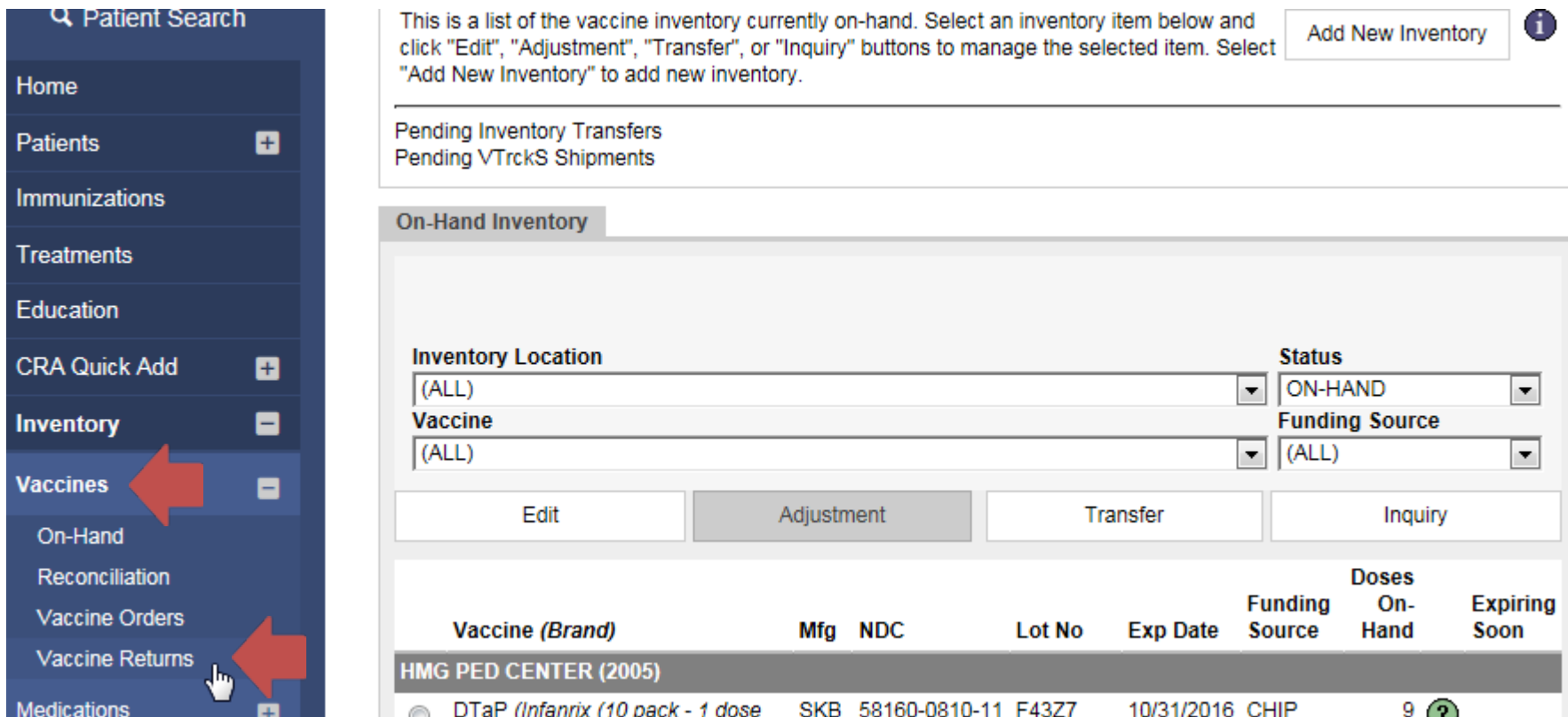


Requesting a Vaccine Return in KSWebIZ

Important things to note when submitting a request for a vaccine return:

- WHEN YOU COMPLETE YOUR VACCINE RETURN REQUEST IT WILL AUTOMATICALLY REMOVE THE DOSES FROM YOUR ON HAND INVENTORY
 - ADJUSTMENTS TO INVENTORY ARE MADE USING THE DATE OF YOUR RETURN REQUEST
- THE CDC WILL NOT PROCESS EXPIRED VACCINE RETURN REQUESTS PRIOR TO THE EXPIRATION DATE. THIS MEANS THAT RETURN REQUESTS FOR EXPIRED VACCINES SHOULD NOT BE SUBMITTED UNTIL THE VACCINE HAS EXPIRED.
- SUBMITTING AN EXPIRED VACCINE RETURN REQUEST PRIOR TO THE EXPIRATION DATE WILL RESULT IN YOUR REQUEST BEING REJECTED AT WHICH POINT YOU WILL HAVE TO DELETE AND RE-SUBMIT YOUR VACCINE RETURN REQUEST

1. Click on Vaccines and then Vaccine Returns




The screenshot displays the KSWebIZ interface. On the left is a dark blue navigation menu with the following items: Patient Search, Home, Patients (+), Immunizations, Treatments, Education, CRA Quick Add (+), Inventory (-), Vaccines (-), On-Hand, Reconciliation, Vaccine Orders, Vaccine Returns, and Medications (+). Red arrows point to the 'Vaccines' and 'Vaccine Returns' items. The main content area has a header with a text box explaining the inventory list, an 'Add New Inventory' button, and an information icon. Below this are links for 'Pending Inventory Transfers' and 'Pending VTrckS Shipments'. The 'On-Hand Inventory' section contains filters for 'Inventory Location' (set to (ALL)), 'Vaccine' (set to (ALL)), 'Status' (set to ON-HAND), and 'Funding Source' (set to (ALL)). Below the filters are buttons for 'Edit', 'Adjustment', 'Transfer', and 'Inquiry'. At the bottom is a table of inventory items.

Vaccine (Brand)	Mfg	NDC	Lot No	Exp Date	Funding Source	Doses On-Hand	Expiring Soon
HMG PED CENTER (2005)							
DTaP (Infanrix (10 pack - 1 dose	SKB	58160-0810-11	F43Z7	10/31/2016	CHIP	9	

2. Click Add New Vaccine Return

Vaccine Returns

In order to see the list of vaccine returns enter search criteria and then press the "Search" button. Select a vaccine return and click the "View" button to manage the selected item. Select "Add New Vaccine Return" to add new vaccine return.

Add New Vaccine Return 



Search



Clinic
(ALL) ▼

Return Status
(ALL) ▼

Return Reason
▼

Return Type
▼


Return Date Range
From: 02/26/2015  Through: 05/26/2015 


Date Submitted to VTrckS Date Range
From:  Through: 

Previous Criteria **Clear** **Search**


3. Select your clinic from the drop down box and click Next

Add - Select Clinic:



Clinic


Next **Cancel**

Next **Cancel** 

4. Confirm your Shipping Information, check the box and click Next

Add - Verify Clinic Shipping Information

Next**Cancel**

Clinic: KANSAS VTRCKS TESTING CLINIC

Primary Shipping Contact

Name: DEB WARREN
Phone: 785-296-8119
Fax: 785-291-3142
Email: DWARREN@KDHEKS.GOV

Shipping Address

1000 SW JACKSON, UNIT #STE 075
TOPEKA, KS 66612

Delivery Information

	Delivery Time 1		Delivery Time 2	
	From	To	From	To
Monday	08:00	12:00	13:00	17:00
Tuesday	08:00	12:00	13:00	17:00
Wednesday	08:00	12:00	13:00	17:00
Thursday	08:00	12:00	13:00	17:00
Friday	08:00	12:00	13:00	17:00
Saturday	08:00	12:00		
Sunday				

Special Instructions: Deb Warren must sign for shipment

I have reviewed the above shipping information and I certify the information is correct. ☐

Next**Cancel**

5. Select Return Type – RETURN ONLY

6. Select Return Reason
7. Choose # of Shipping Labels – 1
8. Choose Label Shipping Method – PROVIDER AND DISTRIBUTOR WILL COORDINATE
9. Start Typing the Vaccine Name and click the vaccine you would like to return and choose number of doses
10. Click Add Return
11. Click Update
12. Choose next Vaccine to return and click Add Return
13. Once complete, click Submit to VFC Program

Edit

Submit To VFC Program Update Cancel

Record saved on 5/26/2015 at 11:57:14 AM.

Clinic
KANSAS VTRCKS TESTING CLINIC

Return Number: R05262015TESTER00 Return Status: IN WORK Return Type: RETURN ONLY Return Reason: EXPIRED VACCINE Date Submitted to VTrckS:

Return Created Date: 05/26/2015 Number of Shipping Labels: 1 Label Shipping Method: PROVIDER AND DISTRIBUTOR WILL COORDINATE Description:

Clinic Comments:

VFC Program Comments:

Vaccine | Mfg | NDC | Brand/Packaging | Funding Source | Lot Number | Expiration Date | Doses Remaining | Doses Returning

Begin Typing A Vaccine, Mfg Code, NDC, Brand/Packaging, Funding Source, Lot #, Or Date Here

Add Return

Vaccines To Return

Vaccination	Mfg	NDC	Brand/Packaging	Funding Src	Lot Number	Expiration Date	Doses Remaining	Doses Returned
DTaP-HepB-IPV (Pedia	SKB	58160-0811-52	Pediarix (10 pack- 1 dose syringes)	VFC	AC10B100AB	10/10/2015	22	1

Record saved on 5/26/2015 at 11:57:14 AM.

Delete Submit To VFC Program Update Cancel

****PLEASE NOTE – WHEN YOU COMPLETE YOUR RETURN IT WILL AUTOMATICALLY REMOVE THE DOSES FROM YOUR ON HAND INVENTORY****